



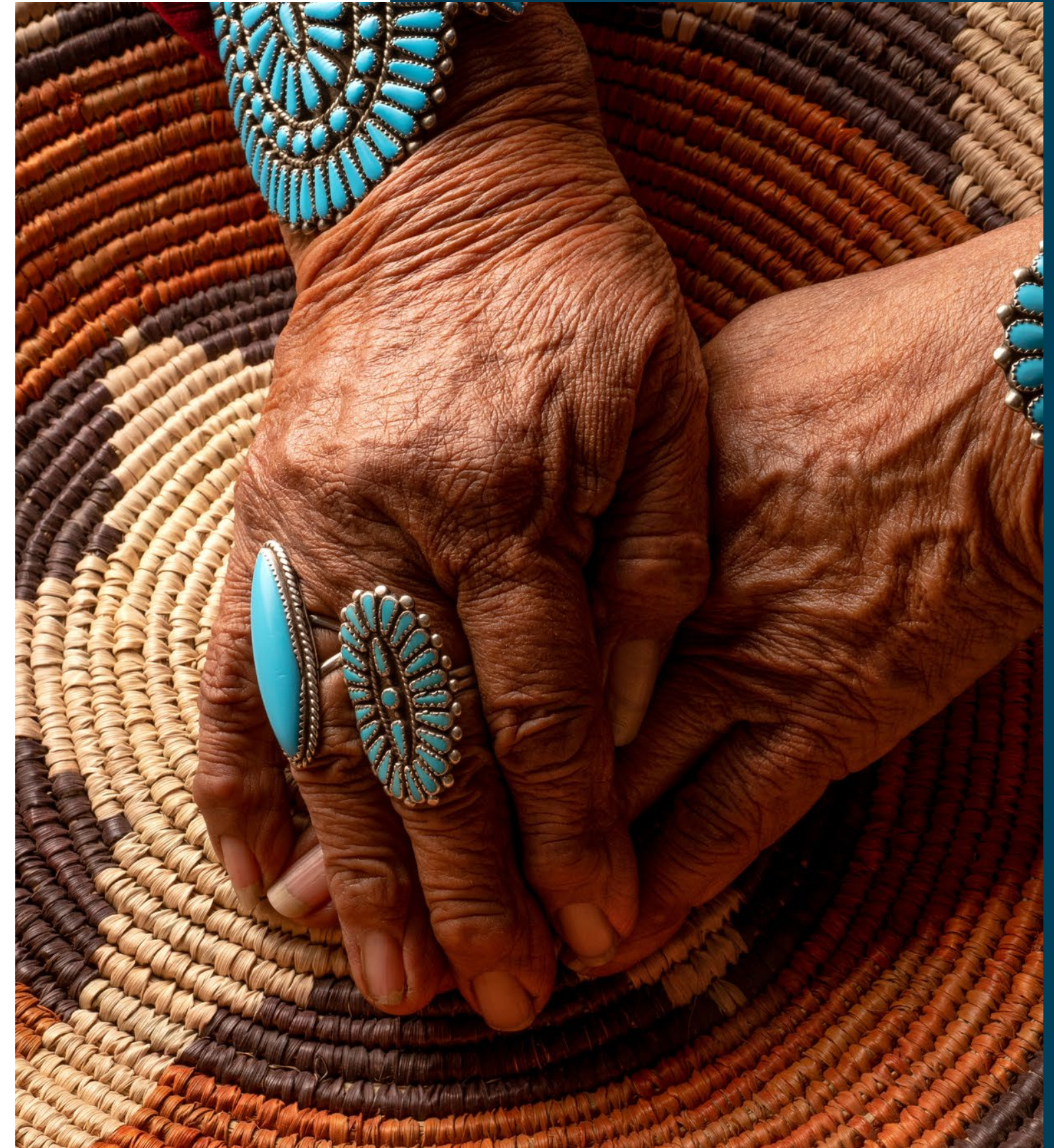
Native American Women's Mental Health

Essential Healthcare Services

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Demographics

- 574 Federally Recognized Tribes
- Compared to U.S. Population, 14.7% nearly twice as many 26.6% Native/Indigenous people living in poverty.
- Two-thirds living in urban, suburban and non reservation areas.
- Native American women make up 1/2 of NA population.



Barriers to Treatment



Economic

- Higher levels of poverty
- Median income of AI/AN (alone) was \$45,877 as compared to \$64,994 for the entire nation.



Insurance

- Insurance - 43% rely on Medicaid or public health insurance.
- 3x more likely not to have health insurance.



Housing

- Native Americans make up 10% of the homeless population in the US.
- 12% of homes in tribal areas had heating deficiencies.
- 7% had kitchen deficiencies.
- 6% had inadequate plumbing
- Compared to National which is 1-2% of homes suffer from these conditions



Location

- Most Native people live in Mid-West or Western states.
- Two-thirds live in non-reservation areas.
- most IHS clinics and hospitals located on reservations, but majority of NA people live outside of tribal areas.

Native American Maternal Mental Health

The Data



- 14-30% of AI/AN women in the United States experience maternal depression
- Indigenous women experience depression 87% more often than White women.
- Experience Maternal anxiety 37% more often than non-Indigenous women.



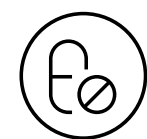
Maternal Death

- Maternal Death: AI/AN people, mental health conditions and hemorrhage were the most common underlying causes of death accounting for 50% of deaths.
- 93% were determined to be preventable
- 64% of deaths occurred 7 days to 1 year after pregnancy.



Of those, over
19%
reported having a
mental illness in the
past year²

Inequities and Systemic Racism Lead to Stress and Adverse Outcomes



Post-traumatic Stress Disorder

- Historical trauma from colonization: boarding schools, prohibition of cultural practices leads to multigenerational psychological distress.



Intimate Partner Violence

- AI/AN women experience the highest rates of intimate partner violence and homicide in the US.
- Intimate partner violence is a major risk factor for depression, PTSD, anxiety and suicide.



Policy Solution Recommendations

Address Urgent and Immediate Challenges That Disproportionately Affect AI/AN women before, during and After pregnancy



- Expanding violence surveillance and universal screening for intimate partner violence (IPV) among AI/AN and all women. Universal screening and referral for IPV are needed in the evaluation of pregnant and postpartum individuals.
- The Pregnancy Risk Assessment and Monitor System (PRAMS) survey should also include IPV modules.
- Maternal Mortality Review Committees should review all pregnancy-associated and pregnancy-related deaths, including homicide, IPV, suicide, and overdoses during pregnancy and one year postpartum. Including the pregnancy and interpersonal violence fields in surveillance should be required for all jurisdictions, using the CDC's National Violent Death Reporting System (NVDRS) database.

Policy Solution Recommendations

Improving the living conditions of AI/AN Mothers and Infants
and Assure Universal Access to High Quality Healthcare

- Evaluating, sufficiently funding, and improving the Indian Health Service. A comprehensive assessment of the quality of maternal and infant care by the IHS needs to be done.
 - This evaluation should include the benefits and limitations of Compact and Contract relationships between the Tribes and IHS.
 - An audit and evaluation of the contract between IHS and the American College of Obstetrics and Gynecology (ACOG) related to maternity care should be done and its finding reported tribal communities.
- Medicaid is also a major source of funding for the provision of medical care for the AI/AN population. It is a resource that is not being optimally used to maximize its benefits to AI/AN populations. It is also not being used uniformly across the country. Even though there are provisions in federal law related to Medicaid that would benefit Tribes, states often interfere with receipt of those benefits.





Provider Observations & Recommendations

- Native Americans more likely to seek out traditional medicine before or even with the help of western medicine.
- “Talk Therapy” isn’t everyone’s way of communicating, body workers can work on PTSD, Anxiety, and many other mental health issues.
- Assessing individual patient readiness to start medication should be done before jumping to starting meds. And regular followup with clear guidance around side effects should follow.
- Integrating traditional healing practices alone with western ways of caring for mental health should be developed with Native American communities and healthcare delivery system designed to serve NA communities.
- Trauma affects patient communication, ability to advocate for themselves, response to how they receive information and who they listen to when it comes to receiving new information.



Resources:

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